names of all the defendants cannot fit in the space above, please

write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

FILED ASHEVILLE, NC

1.

UNITED STATES DISTRICT COURT

FEB 2 2 2024

U.S. DISTRICT COURT W. DISTRICT OF N.C. for the

Western District of North Carolina

AMEXILE Division

Penny Peterson	Case No. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V-	Jury Trial: (check one) Yes No
Senators Thom Tillis & Ted Budd Defendant(s) (Write the full name of each defendant who is being sued. If the	

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

)

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

В.

needed.	124.10/24-1
Name	tenny tetersor
Address	254 Bourd Cove Koad Asheville NC 28804
County	Buncombe State Zip Code
Telephone Number E-Mail Address	828-242-8450 pennynbaby1210@gmail.com
The Defendant(s)	
individual, a government agency include the person's job or title (or each defendant named in the complaint, whether the defendant is an a organization, or a corporation. For an individual defendant, (if known) and check whether you are bringing this complaint against or official capacity, or both. Attach additional pages if needed.
Defendant No. 1	3 1 -
Name	Ounafor Thom Tillis
Job or Title (if known)	Scinator
Address	1 the Lavie Amadhanca Saucas Suita
Address	Historic Courthouse Square Suite Hendersonville NC 28792
	Hendersonville NC 38792 City State Zip Code
County	Hendersonville NC 088792
County Telephone Number	Hendersonville NC 088792
County	Henderson ville NC 38793 State VASTO 21p Code 828 (938150 donotreply@tillissenate.gov
County Telephone Number	Hendersonville NC 088792
County Telephone Number E-Mail Address (if known)	Henderson ville NC 38793 State VASTO 21p Code 828 (938150 donotreply@tillissenate.gov
County Telephone Number	Henderson ville NC 38793 State VASTO 21p Code 828 (938150 donotreply@tillissenate.gov
County Telephone Number E-Mail Address <i>(if known)</i> Defendant No. 2	Henderson ville NC 38793 State VASTO 21p Code 828 (938150 donotreply@tillissenate.gov
County Telephone Number E-Mail Address <i>(if known)</i> Defendant No. 2 Name	Hendersonville NC State 28793 Sax (938150 donotreplue tillis senate, gov Individual capacity Official capacity Senator Ted Budd Senator 151 Yatton Ave. Suite 204 Asheville NC 28801
County Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known)	Hendersonville NC State 28793 Sax (938150 donotreply@tillissenate.gov Individual capacity Official capacity Senator Ted Budd Senator

Pro Se	15 (Rev. 12	16) Complaint for Violation of Civil Rights (Non	-Prisoner)				
		Defendant No. 3 Name Job or Title (if known) Address					
		County Telephone Number E-Mail Address <i>(if known)</i>	City	State	Zip Code		
			Individual capacity	Official capa	city		
		Defendant No. 4 Name Job or Title (if known) Address					
		County Telephone Number E-Mail Address <i>(if known)</i>	City	State	Zip Code		
			Individual capacity	Official capa	city		
П.	Basis	for Jurisdiction					
	immu Feder	42 U.S.C. § 1983, you may sue stat nities secured by the Constitution an all Bureau of Narcotics, 403 U.S. 386 tutional rights.	d [federal laws]." Under Bive	ens v. Six Unknown	Named Agents of		
	A.	Are you bringing suit against (chec	k all that apply):				
		Federal officials (a <i>Bivens</i> claim) State or local officials (a § 1983 claim)					
	В.	Section 1983 allows claims allegir the Constitution and [federal laws] federal constitutional or statutory i	J." 42 U.S.C. § 1983. If you	are suing under sec	ction 1983, what		
	C.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what const officials?					

D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any
	statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."
	42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color
	of state or local law. If you are suing under Bivens, explain how each defendant acted under color of
	federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur? emails
- B. What date and approximate time did the events giving rise to your claim(s) occur?

December 22, 2022@3:01 pm when the emails started

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Not clear as of right Now Who did what. Seeking answers. Demotors Cummunties Senators responsibilities Information posted or The internet and my phone tapped.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Dwould like to resolve the issues I would like answord to my questions.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:	21,2024		
Signature of Plaintiff Printed Name of Plaintiff	Penny Peterson.		
For Attorneys	l		
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			
Bar Number			
Name of Law Firm			
Address			
	City	State	Zip Code
Telephone Number			
E-mail Address			
	Signature of Plaintiff Printed Name of Plaintiff For Attorneys Date of signing: Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address Telephone Number	Signature of Plaintiff Printed Name of Plaintiff For Attorneys Date of signing: Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address City Telephone Number	Signature of Plaintiff Printed Name of Plaintiff For Attorneys Date of signing: Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address City State